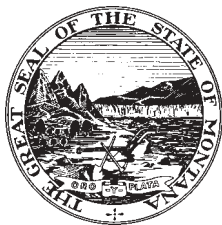


# LICENSURE APPLICATION TEACHER-ADMINISTRATOR-SPECIALIST RENEWAL



State of Montana  
Linda McCulloch, Superintendent  
Montana Office of Public Instruction  
PO Box 202501  
Helena, Montana 59620-2501  
ATTN: Educator Licensure  
(406) 444-3150  
www.opi.state.mt.us

—NOTICE—

- INCOMPLETE APPLICATION FILES  
WILL BE RETURNED WITHOUT ACTION
- RETURNED APPLICATIONS WILL REQUIRE  
PAYMENT OF AN ADDITIONAL FEE

Apply after January 1 of the year of expiration.

Please check:

- ☐ Are all applicable sections of the application completed?
- ☐ Is your fee included? (Make checks payable to OPI.)
- ☐ Is the Character and Fitness Supplement completed?

**MUST be completed in black ink.**

**Applicant:**

Last Name

First Name

Middle Name

Former Name(s)

Address:(Street, RFD, Box)

City

State

ZIP

E-Mail Address:

Fully complete licensure applications are processed in approximately 2-3 weeks during the months of November through April and 4-6 weeks during the months of May through October due to the volume of requests.

Folio No.(if previously assigned)

Social Security No.

Date of Birth

Home Phone

Work Phone

Class(es) Applied for

Fee Enclosed  
(Section 20-4-109, MCA)

**Classes of Licenses:**

Class 1 Professional

Class 2 Standard

Class 3 Administrative

Class 4 Career and Vocational/Technical

Class 6 Specialist

Renewal fee: \$30 per license.

**Oath:** Montana law requires you to subscribe to the following oath, which was included in your initial Montana Educator License application: "I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana." I acknowledge that this oath is binding as long as I hold a Montana Educator License.

Initial \_\_\_\_\_

(Sections 20-4-102, MCA and ARM 10.57.215 and 10.57.218\*)

**# Renewal Unit Requirement**

- ☐ Classes 1, 3 and 4A (with a Master's degree) and 4C—60 renewal units.
- ☐ Classes 2, 4A (with a Bachelor's degree) and 4B—60 renewal units, 40 of which must be earned by college credit (one semester credit = 15 renewal units).
- ☐ Class 6—4 graduate semester credits or equivalent renewal units.

**\*10.57.218 RENEWAL UNIT VERIFICATION**

(1) Applications to the superintendent of public instruction for license renewal shall include a listing of activities completed for renewal as required by ARM 10.57.215. The educator is responsible for maintaining official documentation verifying completion of renewal activities during the term of the license.

(2) The superintendent of public instruction may conduct an audit of any renewal applications submitted. Those persons selected for audit will be required to submit verification of meeting the professional development requirements through official documentation (official transcripts, original grade reports or original renewal unit certificates).

(3) If an educator is unable to produce verification of renewal unit activities within 60 days from the date of the audit letter, the educator's license may be suspended or revoked by the board of public education.

**List only higher education academic credits earned since the validation date of the last license.**

Institution	Address	Dates Attended		Total Credits Earned		Degree Awarded
		From	To	Semester	Quarter	

**List approved renewal units (continuing education units) earned since the validation date of the last license.**

Date	Approved Provider	In-Service Title	Renewal Units Earned

**I acknowledge that I have read ARM 10.57.218 and upon request I will submit the transcripts and/or renewal units listed above.**

**Initials** \_\_\_\_\_



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## MONTANA EDUCATOR LICENSURE RENEWAL APPLICATION CHARACTER AND FITNESS SUPPLEMENT

**This supplement must be completed and submitted with your application.**

Answer each of the following questions by checking "Yes" or "No." **If the answer to any of the questions below is "Yes," please attach a separate signed, dated, and detailed explanation of each event, including the date of the event and the circumstances surrounding the event.**

The questions apply to your experiences in Montana or in any other state or county.		Yes	No	Information Previously Provided to OPI
1	<p>Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in any field or is any such action pending?</p> <p>Adverse action includes, but is not limited to, letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, cancellation or failure to renew.</p>			
2	<p>Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct or is any such action pending?</p> <p>The scope of this question includes being dismissed from any teaching, administrative or specialist position for failure or refusal to fulfill an employment contract or any other misconduct associated with the teaching profession?</p>			
3	<p>Have you ever been convicted of a felony or misdemeanor crime in Montana or any other state or county or is any such action pending?</p> <p>You may omit minor traffic violations, such as speeding tickets, but you must include DWIs, DUIs, reckless driving or similar violations. You must include cases in which you were found guilty, entered into a plea agreement, or entered a plea of "no contest" (or similar plea). We encourage you to be as inclusive as possible. If you are uncertain about whether to include a particular experience, contact OPI Legal Division at (406) 444-4402.</p> <p>If the answer to this question is "Yes" please include the court name and address and the case name and number if available. If you have copies of court documents, please provide copies with your statement regarding the circumstances.</p>			

**Release of Information:**

I am seeking renewal of my Montana Educator License. I hereby expressly and voluntarily authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information, to the Montana Office of Public Instruction and its agents. I understand and agree that such information may be necessary for the evaluation of my Educator Licensure Application. I release the Montana Office of Public Instruction and any agency, court, organization, company, institution, or person furnishing this information from any liability for damage that may result from any dissemination of the information requested. My signature below confirms this consent.

I hereby declare under penalty of perjury the information included in or with this supplement is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentation, or omission of material fact in or with this application may lead to the denial, revocation or suspension of the license(s) I am seeking.

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Date

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Applicant Signature